

Due By April 25, 2008

07 FS-1

Rhode Island Ethics Commission

2007 YEARLY FINANCIAL STATEMENT

HELIO MELO 1187 SOUTH BROADWAY EAST PROVIDENCE RI 02914ETHICS COMMISSION

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ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2007 THROUGH DECEMBER 31, 2007 UNLESS OTHERWISE SPECIFIED.

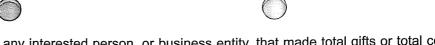
PLEASE ANSWER <u>ALL QUESTIONS</u> AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee that is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2007 Year-

ly Financial Statement in the mail but believe you did not hold a public position in 2007 or 2008 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information). 1. NAME OF OFFICIAL (INITIAL) MAILING ADDRESS (If different from home address) 3. List Public Position(s) you hold and governmental unit: trict 64 (MUNICIPALITY, STATE OR REGIONAL) (PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL) I was hired on I was elected on I was appointed on (date) (date) If you no longer hold a public position, state date of termination or resignation 4. List elected office(s) for which you were/are a candidate in either calendar year 2007 or 2008 (Read instruction #4) 5. List the following: NAME OF SPOUSE NAME(S) OF DEPENDENT CHILD OR CHILDREN

1/Ancy M. MEB

6.	List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)				
	NAME OF FAMILY MEMBER EMPLOYED HELIO MELO	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION JAN Companies CRANJON, BI	DATES AND NATURE OF SERVICES RENDERED 1992 - Present TRAINING Mgr.		
c	NANCY MED Nicholas MED	State of Khodelstone 4.5. SenAte	JANTE REPRESENT		
4	nicholas Melo	Stop & Shop SEEKONLI MA State of RI- PROV. RI	2006-Present CAShier		
7.	State of RI - Yew. RI $= 2006$ -Reserved - Sendi List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.				
	NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION		
8.		address of the trustee of any trust, from whic \$1,000 or more gross income. List assets if			
	NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:				
	ASSETS:				
9.	List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.				
	NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION		
	nla				



10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2007 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION

nla

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

mla

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2007 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS NAME OF AGENCY

DATE AND NATURE OF TRANSACTION

n/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

n/A

14.	interest or a \$5,000 or greater ownership or investi date you file this statement AND if said business are an employee or a member, or over which you	dually or collectively acquired or divested a 10% ownership ment interest in a business after January 1, 2008 and before the s was regulated by a state or municipal agency of which you exercise direct or legislative authority, list the following:
	NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
	$-\eta/A$	THE SAME ACCORDED AND SOLVED TO SAME SAME SAME SAME SAME SAME SAME SAME
	NAME OF REGULATING AGENCY	HOW REGULATED
15.	a \$5,000 or greater ownership or investment interest	or collectively acquired or divested a 10% ownership interest or est in a business after January 1, 2008 and before the date you of \$250 with a state or municipal agency of which you are an edirect or legislative authority, list the following:
	OF BUSINESS DATE ACQ	RIPTION OF INTEREST NAME OF STATE JIRED AND/OR DIVESTED OR MUNICIPAL AGENCY OT INCLUDE AMOUNT)
	nA	
16.	(\$1,000) to any person, business entity or othe spouse or dependent child at any time within t regulated by any state or by the United States who	indebted in an amount in excess of one thousand dollars or organization other than (i) any person related to you, your he third degree of consanguinity, or (ii) a financial institution ere such indebtedness is secured solely by a mortgage of record all residence, or (iii) any indebtedness arising from transactions
	NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
	n/A	
	presented as to the financial information and intereschildren. I acknowledge that I may request an advis	Statement is a complete and accurate response to the questions ts during the year 2007 of myself, my spouse, and my dependent ory opinion from the Ethics Commission as to my conduct under Code of Ethics will be provided to me at no cost upon request
	State of Rhode Island County of And desce	SIGNATURE
	Subscribed and sworn to before me at	Anordence this 6 day of afril 2008.
	My Commission expires:	I clomene Al link

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.